# COMMUNITY PARTICIPATION SERVICES
# CERTIFICATION TOOL

**Name of Program :** _____ **Cert Number:** _____

**Surveyor Name:** _____ **Review Date:** _____

**Individual Name:** _____

| ADMINISTRATIVE REVIEW | Y/N | COMMENTS |
|---|---|---|
| Does the Individual's record contain an Emergency Information sheet?<br>**He-M 507.08(d)(1)g.i.** | | Guardian Name and Phone Number: |
| Are there current and previous service agreements that conform to the requirements of He-M 503.10?<br>**He-M 507.07(a)/He-M 507.08(e)(1)/He-M 503.10** | | Current ISA Date: / Previous ISA Date:<br>AA Approval Date: / AA Approval Date:<br>Current Day Service Goals / Previous Day Service Goals |
| Are the monthly progress notes specific to the service agreement goals, and the services to be provided?<br>**He-M 507.08(e)(4)** | | |
| Do weekly calendars/schedules document the days, times and locations of activities?<br>**He-M 507.08(e)(2)** | | |
| Is there daily documentation that includes the name of the individual, the date the service was provided, activities that took place, locations of activities, and who provided the service?<br>**He-M 507.08(e)(3)** | | |
| Has the guardian(s) been notified of rights within the last year, and has the rights notification been updated as required?<br>**He-M 310.03(b)(4)** | | |
| Is there a daily census record?<br>**He-M 507.08(f)(2)** | | |
| Is a current annual health assessment found?<br>**RSA 171-A:11,I(a)** | | Current Health Assessment Date:<br>Previous Health Assessment Date: |
| Are PRN medications being administered per an order and a PRN protocol?<br>**He-M 1201.04(h)(1)&(2)** | | |
| Are there orders present for all medications being administered?<br>**He-M 1201.04(f)&(g)** | | |
| Have self-administering individuals been assessed as required?<br>**He-M 1201.05(d)(1) & (2)** | | Date of Current Nurse Trainer Approval:<br>Date of Previous Nurse Trainer Approval: |
| Has the individual's HRST tracking sheet been reviewed as required?<br>**He-M 507.08(e)(6)d.** | | |

**Revised 7/17/2017**